

Testimony in support of Senate Bill 300

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SB 300

On behalf of the Department of Public Health and Human Services, we are testifying in support of Senate Bill 300, which requires the use of seat belts and appropriate child safety restraints for adults and youth in Montana. Mr. Chairman, committee members, I would like to address a number of important questions I believe you should consider regarding this Bill.

First, Montana needs to implement a primary seat belt law to prevent an ongoing epidemic of unnecessary death and injury among our citizens.

Briefly, Montana has a very big problem with motor vehicle related deaths, and primary seat belt laws have been shown to mitigate this problem. Consider the following:

- Montana has one of the highest motor vehicle occupant fatality rates in the United States. We continue to be in the top ten of states with the highest motor vehicle fatality rates. We should be striving to be in the bottom ten.

Motor vehicle fatalities are an epidemic

- Last year 263 people died on our highways – more than 5 per week.
- 1/3 of all motor vehicle occupant deaths occurred in Montanans less than 25 years of age.

Motor vehicle fatalities are an epidemic

- The motor vehicle fatality rate for white Montanans was **twice** the rate for whites in the U.S.
- The motor vehicle fatality rate for Montana American Indians was **four times** higher than the U.S. rate for whites and American Indians elsewhere in the U.S.
- While Montana American Indians comprise 1/6th of our total population, approximately **1 in every 10** American Indian deaths is due to a motor vehicle crash.

Motor vehicle fatalities are an epidemic

- In 2005, unrestrained motor vehicle occupants were seven times more likely to sustain a fatal or severe injury than occupants who were restrained (17% vs. 2%).
- In 2005, unrestrained motor vehicle occupants who were hospitalized after a crash had two-fold longer hospital length of stay than restrained occupants experiencing a crash, and the hospital charges were nearly twice as high and insurance coverage was significantly lower for the unrestrained motor vehicle occupants.

Can a primary seat belt laws help lesson this epidemic?

Yes. Over 25 states have enacted primary seat belt laws and the result has been increased seat belt use and reduced fatalities from motor vehicle crashes in those states. A recent example of a successful state effort is in Washington. They implemented a primary seat belt law that included public education and enforcement. As a result seat belt use increased from 81% prior to the law to 95%, and the motor vehicle occupant fatality rate decreased by 13%.

Who pays the bill for unrestrained motor vehicle occupants injured in a crash?

We do. As I've already mentioned, unrestrained motor vehicle occupants are more likely to be killed or to experience more severe injuries during a crash compared to restrained occupants. When injury occurs and the injured individual has no health insurance, or their insurance doesn't cover the extensive services they require, or they can no longer work, Montana hospitals absorb the cost of these services. Ultimately the tax payer foots the bill when these individual become eligible for Medicaid or Medicare due to long-term disability.

What is the argument against a primary seat belt law?

The general argument against enacting a primary seat belt law revolves around the idea that use of seat belts and child safety seats is a personal responsibility; a decision that should be left to adults including parents on behalf of children, and that government regulation is not appropriate in this setting. Mr. Chairman, I would argue that the State of Montana has many laws that protect the public's health by restricting life threatening behaviors and requiring life protective choices. Among these are laws that protect both adults and children, including prevention of motor vehicle deaths by reducing impaired driving, and preventing the spread of communicable disease through childhood immunizations.

Between 1990 and 2004, 765 Montana children, adolescents, and young adults less than 25 years of age died in a motor vehicle crash and many more sustained severe injuries. If in 1990 we had had a vaccine that could prevent many of these deaths and severe injuries, it would have been public health malpractice not to use this vaccine. Today, we have the equivalent of a vaccine that is safe and effective – the vaccine is the use of seat belts and child safety seats. Unfortunately, we did not apply this vaccine in 1990; many of the deaths and injuries that have occurred were preventable. We believe we can make a better choice in 2007 to protect the health of all Montanans, and particularly our kids. If enacted, this Bill will establish critically important public health policy to prevent many premature deaths and unintentional injuries among adults and kids in Montana. We would like to thank Senator Cooney for sponsoring this important legislation. Mr. Chairman, committee members, we thank you for the opportunity to testify and ask that you help Montana fight this epidemic - support Senate Bill 300.

PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Motor Vehicles and Mortality in Montana: Preventable Deaths Take Heavy Toll

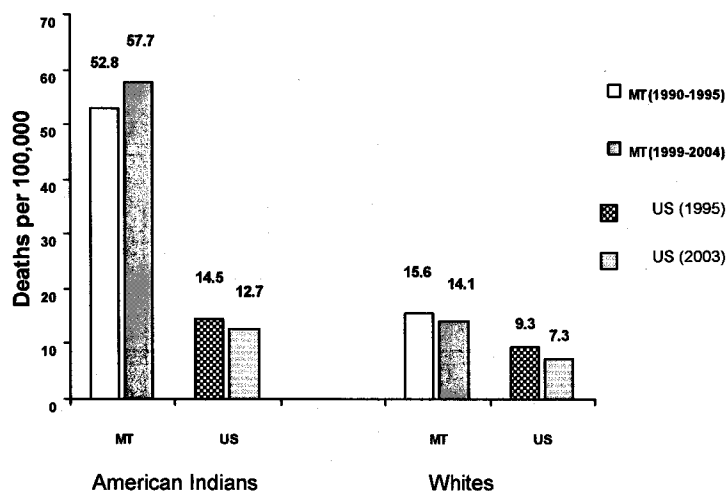
There are some national rankings in which it is better NOT to be in the top 10; motor vehicle fatalities is one of those rankings. Unfortunately, Montana has been going the wrong direction. In 2002 Montana ranked 3rd in the country and 2003 “rose” to 2nd.^{1,2} While issues such as great rural distances that invite great driving speed may put Montanans at special risk for fatal motor vehicle crashes, important prevention steps that are not being taken could save many lives. This issue of *Montana Public Health* will describe motor vehicle related mortality in Montana and the prevention opportunities that exist. An important public health goal is to push Montana into the bottom 10 in this national ranking.

Motor Vehicle Fatalities

Motor vehicle crashes are the leading cause of injury death in the U.S. and in Montana.

- For Montanans age 1 to 44, unintentional injuries are the leading cause of death and motor vehicle crashes are by far the leading cause of these injury deaths.
- From 1999 to 2004, the motor vehicle occupant fatality rate was higher for men (24 per 100,000) than for women (12 per 100,000).
- During this period, 63% of motor vehicle crash fatalities were among persons 0 to 44.
- The motor vehicle occupant death rate for white Montanans is twice the rate for whites in the U.S. (Figure 1).
- The motor vehicle occupant death rate for Montana American Indians is four times higher than that for whites or American Indian/Alaskan Natives elsewhere in the U.S. (Figure 1).

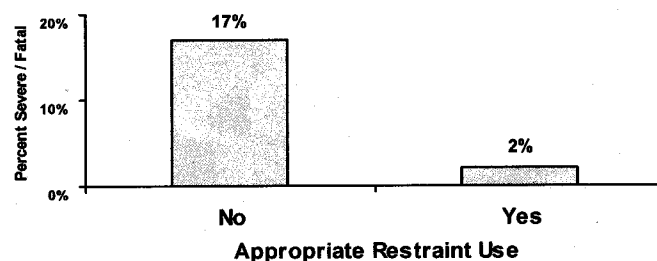
Figure 1: Motor vehicle occupant death rates among American Indians and whites in Montana (1990-1995 and 1999-2004) and in the U.S. (1995 and 2003)

**Risk Characteristics of Fatal Crashes**

The risk of motor vehicle crashes is decreased by adhering to posted speed limits and NOT drinking and driving. The risk of death in a crash is decreased by using seat belts and appropriate child safety seat restraints. Too much speed and alcohol and too little seat belt use kills Montanans.

- MT had the highest alcohol related motor vehicle fatality rate in the U.S. in 2003 for the second straight year.³
- In 2003, alcohol or drug-related crashes accounted for 9.4% of all reported traffic crashes and 49% of all fatal crashes. More than 90% of drivers involved in crashes and for whom testing was done had a blood alcohol concentration >0.08g/1000mL.³
- Among occupants in vehicle crashes reported in 2005, those who were unrestrained were more than 7 times more likely to sustain a fatal or severe injury than were those who were restrained (Figure 2).⁴
- In 2005, unrestrained motor vehicle occupants who were hospitalized after a crash had two-fold longer hospital length of stay than did hospitalized restrained motor vehicle occupants. Hospital charges were nearly twice as high and insurance (auto and commercial) coverage was significantly lower for the unrestrained motor vehicle occupants.⁵

Figure 2: Severe or fatal injury among motor vehicle occupants for whom seat belt use was recorded, Montana Highway Patrol records, 2005



Prevention Steps

In 2005 in Montana, the legal blood alcohol limit was lowered and a graduated drivers license law was enacted. These steps have been related to lowering motor vehicle mortality rates in other states.⁶ Enacting and enforcing a primary seat belt law would save even more lives. In other states this step was associated with a 14% increase in seat belt use and a 7% reduction in motor vehicle fatalities.⁷

Child safety seats need to be used correctly. Infants should ride rear-facing until at least one year AND 20 pounds; children 20 to 40lbs are safest in a car seat with five point internal restraints; children >40lbs should use a booster seat until the lap belt can be worn low and flat on the hips and the shoulder belt can be worn across the shoulder rather than the face/neck (usually at about 4'9" tall and between 8 and 12 years old). For additional information about child seat guidelines, see: <http://www.aap.org/family/carseatguide.htm>

Figure 3: A child correctly secured in a booster seat with the lap / shoulder belt



Recommendation: Prevention Steps That Reduce Motor Vehicle Crash Fatalities

- Always wear a seat belt or appropriate child restraint when driving.
- Do not drink and drive and do not travel with a driver who has been drinking.
- Health care providers should encourage seat belt and appropriate child safety seat use, and sober driving for all patients and their families.
- Public health and school officials should strengthen efforts to educate young drivers about responsible driving (follow speeds limits, wear seat belts, do not drink and drive).
- A primary seat belt law should be enacted and enforced.

For more information about injury prevention in Montana, contact Bobbi Perkins, Injury Prevention Coordinator at (406) 444-4126 (bperkins@mt.gov).

Top References: (additional references upon request).

1. Centers for Disease Control and Prevention. Web-based injury statistics query and reporting system (WISQARS). US DHHS, CDC, National Center for Injury Prevention and Control, 2006. Available at <http://www.cdc.gov/ncipc/wisqars/>
2. Kaiser State Health Facts, <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi>
3. MT DOT Highway Traffic Safety Problem Identification Report FY 2006
4. Montana Highway Patrol. 2005 Annual Report. April 2006. Available at: <http://www.doj.mt.gov/enforcement/forms.asp#montanahighwaypatrol>
5. Montana State Trauma Registry Data, 2005
6. US PHS (2004). *Prevention Guidelines*. Ch. 57 (643-657)
7. Farmer, Williams; "Effect on fatality risk of changing from secondary to primary seat belt enforcement." *Journal of Safety Research* 36 (2005) 189-194.

NOTE: The January issue of *Montana Public Health* will highlight the availability of primary care in MT.